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Bethesda, MD 20817

REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT PURSUANT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

Accepted / Filed

JUN 23 2016

Federal Communications Commission
Office of the Secretary

June 23, 2016

VIA HAND DELIVERY AND ECFS FILING

DOCKET FILE COPY ORIGINAL

Marlene H. Dortch, Secretary
Federal Communications Commission
445 Twelfth Street, SW
Washington, D.C. 20554

Re: REDACTED FILING PURSUANT TO REQUEST FOR CONFIDENTIAL TREATMENT
Leaco Rural Telephone Cooperative, Inc., FCC Form 690 Annual Report, WT Docket No. 10-208

Dear Ms. Dortch:

Enclosed for filing are two copies of the redacted, public version of the Leaco Rural Telephone Cooperative, Inc. ("Leaco") 2016 Mobility Fund Phase I Annual Report ("Form 690") for Study Area Code ("SAC") 498009, census tract T35025000701. This redacted version of the Form 690 is also being filed electronically with the Federal Communications Commission ("FCC" or "Commission") via ECFS. The confidential version of the Form 690 is being filed today under separate cover, and include the confidential shapefiles that Leaco submitted to the Universal Service Administrative Company ("USAC") with the Form 690 through the filing in the Commission's MFI Geospatial Data Collection interface today.

No. of Copies rec'd 0+1
List ABCDE

Pursuant to 47 C.F.R. §§ 0.457 and 0.459 of the Commission's Rules, Leaco hereby requests that the Commission afford confidential treatment to and withhold from public inspection certain information included in and attachments to the confidential version of Leaco's Form 690, consistent with and pursuant to the confidential treatment provided in the Commission's Third Protective Order in the above referenced docket,[1] and in accordance with the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. Specifically, Leaco requests that the Commission afford confidential treatment to the following Form 690 information and attachments: Coverage and Performance Report, Project Status Description, and shapefile documents, which provide detailed information about the deployment of Leaco's competitive wireless telecommunications networks and related business plans (the "Confidential Information"). Leaco's Confidential Information meets the requirements for confidential treatment contained in the Commission's rules.[2]

Each page of the confidential version of the Form 690, Coverage and Performance Report, and Project Status Description is marked "CONFIDENTIAL INFORMATION – SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." Where confidential information is included, the relevant portions of the text are marked "[BEGIN CONFIDENTIAL] [END CONFIDENTIAL]." The shapefile documents have been filed electronically with the Commission's MFI Geospatial Data Collection interface today and have been marked as subject to a request for confidential treatment.

Each page of the redacted version of the Form 690 is marked "REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." Where confidential information has been removed, the relevant portions of the text is marked "[REDACTED]." The entire contents of the attachments to the Form 690, specifically the Coverage and Performance Report, Project Status Description, and shapefile documents, are confidential information and are wholly redacted in the redacted version.

Leaco submits the following information pursuant to Section 0.459 of the Commission's Rules:

---

[1] *See Connect America Fund et al.*, Third Protective Order, WC Docket Nos. 10-90, 07-135, 05-337, 03-109, GN Docket No. 09-51, CC Docket Nos. 01-92, 96-45, WT Docket No. 10-208 et al., DA 12-1418 (rel. Aug. 30, 2012) ("Third Protective Order").

[2] *See* 47 C.F.R. § 0.459.

(1) Identification of the specific information for which confidential treatment is sought.

Leaco seeks confidential treatment of the Confidential Information, which provides details about Leaco's network deployment and related business plans. This information is competitively sensitive commercial and financial information and constitutes "confidential commercial information" under Exemption 4 of the FOIA, 47 U.S.C. § 552(b)(4). Accordingly, pursuant to Section 0.459(a) of the Commission's Rules, Leaco requests that such information not be made routinely available for public inspection.

(2) Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission.

The information is being provided to the Commission as part of the required annual report for Mobility Fund Phase I support through the Form 690.

(3) Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged.

As noted above, the information contains competitively sensitive financial and commercial information. Competitors could use this information to gain an unfair competitive advantage.

(4) Explanation of the degree to which the information concerns a service that is subject to competition.

The confidential information being provided to the Commission involves telecommunications services provided by Leaco in competition with other carriers. Leaco is a provider of mobile broadband and voice services in a highly competitive industry. Leaco competes against other providers of broadband and voice services, including mobile services providers, incumbent local exchange carriers, as well as other competitive carriers. The presence of such competition and the likelihood of competitive injury threatened by release of the information provided by Leaco in connection with the Form 690 justify withholding the information from public disclosure.

(5) Explanation of how disclosure of the information could result in substantial competitive harm.

Competitors could use the disclosed information to gain an unfair advantage over Leaco. Specifically, competitors could use this information to learn of Leaco's network deployment and gauge the success of Leaco's marketing efforts and service packages, allowing competitors to adjust their marketing and pricing accordingly, to the detriment of

Leaco. Competitors also could gain information regarding the performance of Leaco's mobile broadband and voice networks. Commission precedent has found this type of information to be competitively sensitive and withholdable under the FOIA exceptions. Specifically, the Commission has recognized that competitive harm can result from the disclosure of confidential business information that gives competitors insight into a company's costs, pricing plans, market strategies, and customers.

(6) Identification of any measures taken by the submitting party to prevent unauthorized disclosure.

Leaco has diligently prevented the unauthorized disclosure of the information, and has kept such information confidential within the company unless otherwise required to be disclosed pursuant to applicable governmental regulations.

(7) Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties.

The information has been disclosed to vendors who are subject to non-disclosure obligations and will be filed with the New Mexico Public Regulation Commission pursuant to the Commission's requirements for filing the Form 690. The Confidential Information will be filed confidentially with the New Mexico Public Regulation Commission.

(8) Justification of the period during which the submitting party asserts that material should not be available for public disclosure.

The information regarding Leaco's commercial network deployment information and related business plans must be kept confidential until the public announcement of such information. Confidential treatment must be afforded for this information as long as it would provide a basis for Leaco's competitors to gain insight into Leaco 's business operations. At this time, Leaco cannot determine the exact date on which the information could no longer be used by competitors to Leaco's detriment.

REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT

CONCLUSION

For the above reasons, Leaco respectfully requests that the Commission withhold from public disclosure the proprietary commercial and financial information contained in the Confidential Information in the confidential version of the Form 690. In accordance with Section 0.459(g) of the Commission's rules, Leaco requests telephone and written notification from the Commission if the instant request is denied, so that it may file an Application for Review or request return of the confidential materials pursuant to Section 0.459(e).

Respectfully submitted,

Gregory W. Whiteaker
Counsel for Leaco Rural Telephone Cooperative, Inc.

Enclosures

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Mobility Fund
Phase 1 - §54.1009 Annual Reporting
Data Collection Form

FCC Form
Approved by OMB
OMB 3060-1185
Avg. Burden Estimate per Respondent: 18 Hours

<010>	Study Area Code	498009
<015>	Study Area Name	Leaco Rural Telephone Cooperative, Inc.
<020>	Program Year	2016
<030>	Contact Name: Person USAC should contact with questions about this data	Dale Snider
<035>	Contact Telephone Number: Number of the person identified in data line <030>	5754334301 ext.
<039>	Contact Email: Email of the person identified in data line <030>	dsnider@leaco.org

<040> **Has the information required pursuant to §54.1009 been provided with a Form 481 filing (Y/N)** <040> ○ ◉

<041> Attach a description of the documents filed with the Form 481 reporting <041>

<042> Cite the Study Area Code (SAC) for the Form 481 reporting <042>

<080> **Tribal Lands Reporting (y/n?)** *(Does this study area cover tribal lands? Yes or No)* ○ ◉

Notice to Individuals Required by the Paperwork Reduction Act of 1995
OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)
Notice to Individuals Required by the Paperwork Reduction Act of 1995
Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.
THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org

Reporting Carrier / Mobility Fund Phase 1 Winning Bidder

<110>	FCC Registration Number	0001618008
<111>	Filing Carrier Name	Leaco Rural Telephone Cooperative, Inc.
<112>	Winning Bidder Carrier Name	Leaco Rural Telephone Cooperative, Inc.
<113>	Street Address (or PO Box)	220 West Broadway
<114>	City	Hobbs
<115>	State	NM
<116>	Zip-Code	88240
<117>	Telephone Number	5754334303 ext.
<118>	Fax Number	5754334354
<119>	Email Address	sapplin@leaco.org

Contact Information

if same as above, indicate in this box ☐

<120>	Name (First, MI, Last, Suffix)	Sidney W. Applin
<121>	Filing Carrier Name	Leaco Rural Telephone Cooperative, Inc.
<122>	Street Address (or PO Box)	220 West Broadway
<123>	City	Hobbs
<124>	State	NM
<125>	Zip-Code	88240
<126>	Telephone Number	5754334303 ext.
<127>	Fax Number	5754334354
<128>	Email Address	sapplin@leaco.org

Authorized Agent Information

if no agent, indicate in this box ☑

<130>	Name (First, MI, Last, Suffix)	
<131>	Company	
<132>	Street Address (or PO Box)	
<133>	City	
<134>	State	
<135>	Zip-Code	
<136>	Telephone Number	
<137>	Fax Number	
<138>	Email Address	

06/07/2016

REDACTED FOR PUBLIC INSPECTION -- SUBJECT TO REQUEST FOR CONFIDENTIAL TREATMENT PURSUANT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org

<140> Coverage and Performance Report Year 01/2015 - 12/2015

Coverage and Performace attachments: 498009_CPRd_Combined_NM copy.zip, 498009_CPRe_Combined_NM copy.zip

<141>

<a1> State	<a2> County	<a3> Census Block	<b1> Resident Population per Census Block	<b2> Resident Population Newly Reached by Service	<b3> Total Resident Population Reached by Service	<c1> Road Miles per Census Block	<c2> Road Miles per Census Block Newly Reached	<c3> Total Road Miles covered per Census Block	<d> Certify that Coverage and Performance data is uploaded (Yes/no)
			-- See attached worksheet						
			--						

Percentage of Total Population Reached by Service: 0

Percentage of Total Road Miles covered by Service: 100

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)

I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Leaco Rural Telephone Cooperative, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2016

Printed name of Authorized Officer: Dale Snider

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 5754334301 ext.

Study Area Code of Reporting Carrier: 498009 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer or Employee: Date:

Printed name of Authorized Officer or Employee:

Title or position of Authorized Officer or Employee:

Telephone number of Authorized Officer or Employee:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org

<142> State

<143> County

<144> Tribal Land(s) on which ETC Serves

<145> Tribal Government Engagement Obligation

Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

		Select (Yes, No, Not Applicable)
<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

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<039>	Contact Email Address - Email Address of person identified in data line <030>	dsnider@leaco.org

<200>	Date Authorized to Receive Support	06/07/2013
<201>	Targeted Completion Date	03/31/2015
<202>	Total Mobility Fund Support Awarded	1868.61
<203>	Total Mobility Fund Support Disbursed	1868.61
<210>	Actual Completion Date	10/01/2013
<211>	Project Status Description (attached)	498009_PSD_NM.pdf

(Name of PDF attached)

Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate.

<212>	Status of Network Deployment - Network Design	✔
<213>	Status of Network Deployment - Construction	✔
<214>	Status of Network Deployment - Deployment	✔
<215>	Status of Network Deployment - Maintenance	✔
<216>	Project Budget Status	✔
<217>	Project Plan Status	✔

e

<218> Network will Support 3G/4G Mobile Service ? ◉ 3G ○ 4G

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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: Leaco Rural Telephone Cooperative, Inc.

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/22/2016

Printed name of Authorized Officer: Dale Snider

Title or position of Authorized Officer: Chief Financial Officer

Telephone number of Authorized Officer: 5754334301 ext.

Study Area Code of Reporting Carrier: 498009 Filing Due Date for this form: 07/01/2016

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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I certify that (Name of Agent)_____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.

Name of Authorized Agent:

Name of Reporting Carrier:

Signature of Authorized Officer: Date:

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Telephone number of Authorized Officer:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier

I, as agent for the reporting carrier, certify that I am authorized to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.

Name of Reporting Carrier:

Name of Authorized Agent Firm:

Signature of Authorized Agent or Employee of Agent: Date:

Name of Authorized Agent Employee:

Title or position of Authorized Agent or Employee of Agent

Telephone number of Authorized Agent or Employee of Agent:

Study Area Code of Reporting Carrier: Filing Due Date for this form:

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Attachments

[REDACTED]